

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045722

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

6254

Primary Registration District No.

370

Registrar's No.

96

STATE FILE NUMBER

FILED DEC 10 1962

1. PLACE OF DEATH

a. COUNTY

WAYNE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

COLDWATER

Length of stay in 1b

73 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

MADISON

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

COLDWATER

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

JESSE

HAMPTON

SHOEMAKE

4. DATE OF DEATH

Month

Day

Year

DEC.

3

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

3-27-1889

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

8

6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (City and state or country)

COLDWATER, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Shoemaker

13b. MOTHER'S MAIDEN NAME

LULU WILKINSON

14. NAME OF HUSBAND OR WIFE

RUTH Shoemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

RUTH Shoemaker, Coldwater, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

8 days

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 25 - 62 to Dec. 3 - 62 and last saw her him alive on Dec. 2 - 62
Death occurred at 2:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

O. A. Meyer M.D.

22b. ADDRESS

Coldwater, Mo.

22c. DATE SIGNED

12/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-5-62

23c. NAME OF CEMETERY OR CREMATORY

WARD CEMETERY

23d. LOCATION (City, town, or county)

CRUBB

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

SAM NAJIM, JR., FREDERICK TOWN, MO.

25. DATE RECD. BY LOCAL REG.

Dec. 5 - 62

26. REGISTRAR'S SIGNATURE

Hetta M. Ward

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DEC 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Leino Jr.

Licensed Embalmer No. 5119

P. O. Address 508 Saline
FREDERICKTOWN MD.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.